


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000005074 1. Entity Name ALYJAH GROUP, INC.	
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FILED

09 MAR 27 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 19830 NW 86TH CT HIALEAH, FL 33015	Mailing Address 19830 NW 86TH CT HIALEAH, FL 33015
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2. Principal Place of Business - No P.O. Box # 6649 Ficus Dr	3. Mailing Address Suite, Apt. #, etc.
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03192009 REIN-NP CR2E099 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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City & State MIRAMAR, FL	City & State Suite, Apt. #, etc.		
Zip 33023	Country BROWARD	Zip Suite, Apt. #, etc.	Country

6. Name and Address of Current Registered Agent GOLDEN, E. SCOTT 644 SE FOURTH AVE FT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name ELISABETH MARY Street Address (P.O. Box Number is Not Acceptable) 6649 Ficus Dr City MIRAMAR
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **MSW, CMA** DATE **3/21/2009**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY, ELIZABETH 19830 NW 86TH CT HIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY, ELIZABETH 6649 Ficus Dr MIRAMAR, FL 33023
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REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **MSW, CMA** DATE **3/21/09** 954/961-9573

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Time Phone #